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17607 U.S. PTO

**PATENT APPLICATION**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Docket No: 27866/39986

**CONTINUING APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(B)**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Sir:



This is a request under 37 CFR 1.53 for filing a

- ☒ continuation application.  
☐ divisional application.

**1. Particulars of Prior Application**

Application Serial No: 08/771,276  
Filed on: December 20, 1996  
Title: Chemokine Receptor Materials and Methods  
Art Unit: 1646  
Examiner: Joseph F. Murphy

**CERTIFICATION UNDER 37 CFR 1.10**

I hereby certify that this Divisional Application Transmittal and the documents referred to as enclosed therewith are being deposited with the United States Postal Service on **February 4, 2004**, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 utilizing the "Express Mail Post Office to Addressee" service of the United States Postal Service under Mailing Label No. EV323780736US.

  
Richard Zimmermann

**2. This request is filed by:**

1. Full Name of Inventor	Family Name Gray	First Given Name Patrick	Second Given Name W.
Residence & Citizenship	City Seattle	State or Foreign Country Washington	Country of Citizenship United States of America
Post Office Address	Post Office Address 1600 40 <sup>th</sup> Avenue	City Seattle	State & Zip Code/Country Washington, 98122
2. Full Name of Inventor	Family Name Schweickart	First Given Name Vicki	Second Given Name L.
Residence & Citizenship	City Seattle	State or Foreign Country Washington	Country of Citizenship United States of America
Post Office Address	Post Office Address 1421 Orange Place North	City Seattle	State & Zip Code/Country Washington, 98109
3. Full Name of Inventor	Family Name Raport	First Given Name Carol	Second Given Name J.
Residence & Citizenship	City Bothell	State or Foreign Country Washington	Country of Citizenship United States of America
Post Office Address	Post Office Address 2300 211 <sup>th</sup> Street, S.E.	City Bothell	State & Zip Code/Country Washington, 98021

- ☐ This application is being filed by less than all the inventors named in the prior application. An accompanying statement requests deletion of the name(s) of the person(s) who are not inventors of the invention being claimed in this application.

**3. Amendments**

- ☐ Amend the specification by inserting before the first line the sentence:
- ☒ Please cancel claims 1-50 in the prior application before calculating the filing fee.
- ☒ A Preliminary Amendment is enclosed.
- ☒ The filing fee is based upon entry of the foregoing amendment.

**4. Copy of Prior Application**

The enclosed is a copy of the prior complete application, including the specification (with claims), drawings, the oath or declaration, and any amendments referred to in the oath or declaration filed to complete the prior application.

**5. Incorporation By Reference**

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under paragraph 4, above, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

6. **Priority**

- ☐ Priority of application No. \_\_\_\_\_, filed on \_\_\_\_\_, in \_\_\_\_\_ is claimed under 35 USC 119.
- ☐ The certified copy was filed in prior U.S. application Serial No. 08/771,276.

7. **Assignment**

- ☒ The prior application is assigned of record to Icos Corporation and has been recorded at Reel No. 8449, Frame No. 727.

8. **Small Entity Status**

- ☐ Verified statement(s) claiming small entity status is(are) attached.
- ☐ Small entity status has been established in the prior application and is still proper and desired

9. **Application to Be Published**

- ☒ Yes.
- ☐ No. A Request and Certification Under 35 U.S.C. §122(b)(2)(B)(i) is attached.

10. **Fee Calculation**

CLAIMS AS FILED - INCLUDING AMENDMENT(S) (IF ANY)						
			SMALL ENTITY		OTHER THAN A SMALL ENTITY	
	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE
BASIC FEE				\$385.00		\$770.00
TOTAL	7 - 20	= 0	X 9 =	\$0.00	X 18 =	\$0.00
INDEP.	4 - 3	= 1	X 42 =	\$0.00	X 84 =	\$84.00
First Presentation of Multiple Dependent Claim			+ 140 =	\$0.00	+ 280 =	\$0.00
Filing Fee:				\$385.00	<b>OR</b>	\$854.00

11. **Method of Payment of Fees**

- ☒ Attached is a check in the amount of: \$854.00
- ☐ Charge Deposit Account No. 13-2855 in the amount of: \_\_\_\_\_  
A copy of this Transmittal is enclosed.


12. Correspondence Address

Customer No.: 04743

Respectfully submitted,

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By:

  
Eric M. Brusca  
Reg. No. 52,664

February 4, 2004